

Bill's Salvage-Durham Interest

824 Old Highway 11
Lumberton, Mississippi 39455
601-796-5800

1-800-745-6318

Fax: 601-796-5804

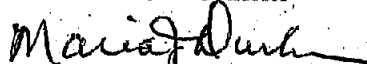
JANUARY 28, 2010

PAUL M. ELLIS
POB 6010
RIDGELAND MS 39158-6010

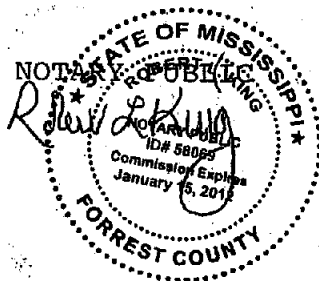
RE: SUBPOENA FOR SOUTH LAMAR TRK & TLR SALES
FRAZIER
08.03051-EE

AFTER DILIGENT SEARCH, I FIND NO APPARENT TRANSACTIONS
IN OUR FILES PERTAINING TO THIS MATTER. THIS SEARCH
INCLUDES: BILLS SALVAGE
DURHAM INTEREST
SOUTH LAMAR TRK & TLR SALES

MARIA J. DURHAM



OWNER, SOUTH LAMAR TRK & TLR SALES



Subscribed and sworn to before me in my
presence, this 28th day of JANUARY
2010, a Notary Public in and for the
County of LAMAR State of MS
Robert A. Kunt
(Signature) Notary Public
My commission expires 01.15.2012

Exhibit
"D"

South Lamar Truck & Trailer Sales

824 Old Highway 11
Lumberton, Mississippi 39455
601-796-5800

1-800-745-6318

Fax: 601-796-5804

JANUARY 28, 2010

PAUL M. ELLIS
POB 6010
RIDGELAND MS 39158-6010

RE: SUBPOENA FOR BILL DURHAM
FRAZIER
08.03051-EE

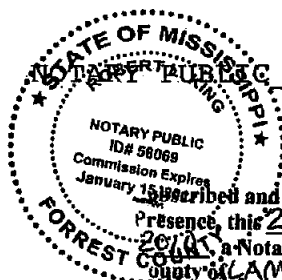
MR BILL DURHAM PASSED AWAY MAY 22, 2008. I FIND NO APPARENT TRANSACTIONS IN OUR FILES PERTAINING TO THIS MATTER. AFTER DILIGENT SEARCH, I FIND NO APPARENT INDICATIONS THAT THE DECEASED LEFT ANY RECORD TO THAT DEFENDANT.

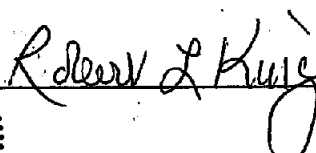
I AM ENCLOSING A COPY OF MR DURHAM'S DEATH CERTIFICATE.

MARIA J. DURHAM



OWNER, SOUTH LAMAR TRK & TLR SALES




Subscribed and sworn to before me in my
presence, this 28 day of JANUARY
2010, a Notary Public in and for the
County of SOUTH LAMAR State of MS
Robert L. Kuy
(Signature) Notary Public
My commission expires 01.15.2012

STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH
VITAL RECORDSTYPE OR PRINT
WITH BLACK INKFILING
DATE MAY 29 2008CERTIFICATE OF DEATH
STATE OF MISSISSIPPISTATE FILE
NUMBER

12308-010992

DECEASED

1. NAME First Middle Last 2. SEX 3a. HOUR OF DEATH 3b. DATE OF DEATH (Month, Day, Year)

William Walter Durham Sr. Male 8:30 p.m. 5/22/08

4. RACE (Specify White, Black, American Indian, etc.) 5a. AGE AT LAST BIRTHDAY 5b. MOS 5c. DAYS 5d. HOURS 5e. MINS 6. DATE OF BIRTH (Month, Day, Year) 7a. COUNTY OF DEATH

White 65 years 1-10-1943 HINDS

If death occurred in an institution, see HANDBOOK, regarding completion of RESIDENCE items

7b. CITY OR TOWN OF DEATH 7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either, give street address, route number or other location) 7d. IF IN HOSP. OR INST. SPECIFY INPT, OUTPT, EMER. RM. OR DOA 8. STATE OF BIRTH

JACKSON ST. DOMINIC JACKSON MEM. HOSP. (255) INPT. AR

For RESIDENCE items, enter actual location of home rather than mailing address

9. DECEDENT'S EDUCATION (Specify only highest grade completed) 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. SURVIVING SPOUSE (If wife, give maiden name) 12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No)

Elem/High School College (0-12) 12 MARIED MARTA JONES NO

13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) 14. SOCIAL SECURITY NUMBER 15a. USUAL OCCUPATION (Kind of work done, most of working life) 15b. KIND OF BUSINESS OR INDUSTRY

AMERICAN 428-76-6809 DISABLED NA

16a. RESIDENCE-STATE 16b. COUNTY 16c. CITY OR TOWN 16d. INSIDE CITY LIMITS (Specify Yes or No) 16e. STREET AND NUMBER OR RURAL LOCATION

MS LAMAR LUMBERTON NO 824 OLD HWY. 11

PARENTS

17. FATHER-NAME First Middle Last 18. MOTHER-NAME First Middle Maiden

JAMES W. DURHAM JEAN STEPHENSON

INFORMANT

19a. INFORMANT-NAME (Type or print) 19b. MAILING ADDRESS (Street and number, or route and box number, City or town, State, ZIP code)

MARIA DURHAM 824 OLD HWY. 11 LUMBERTON, MS. 39455

DISPOSITION

20a. BURIAL, CREMATION, REMOVAL (Specify) 20b. CEMETERY, CREMATORY-NAME 20c. LOCATION (City and State) 21a. EMBALMER'S SIGNATURE AND NUMBER

CREMATION CENTRAL MS. CREMATORY PEARL, MS NONE

21b. FUNERAL HOME-NAME AND MISSISSIPPI I.D. NUMBER 21c. MAILING ADDRESS (Street and number, or route and box number, City or town, State, ZIP code)

OTT & LEE FUNERAL HOME - 610 P.O. BOX 1597 Brandon, MS 39043-1597

PRONOUNCEMENT

22a. PERSON WHO PRONOUNCED DEATH-NAME AND TITLE (Type or print) 22b. PRONOUNCED DEAD (Month, Day, Year) 22c. PRONOUNCED DEAD (Hour) (AT)

Thomas P. Mills, MD ON May 22, 2008 AT 8:30 p.m.

CERTIFIER

23a. CERTIFIER-NAME (Type or print) 23b. MAILING ADDRESS (Street and number, or route and box number, City or town, State, ZIP code)

Thomas Mills 970 Lakeland Dr. #49 Jackson, MS 39211

Mississippi State Board of Health
Form No. 511
Revised 1-1-89

24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. 24b. DATE SIGNED (Month, Day, Year) 24c. STATE LICENSE NUMBER 24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print) 24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated. 24f. TITLE 24g. DATE SIGNED (Month, Day, Year)

SIGNATURE Thomas P. Mills, MD 5/23/08 MS 11853 S. Deborah S. Skelton, MD

CAUSE OF DEATH

25. PART I: IMMEDIATE CAUSE (Enter one cause only): Interval between onset and death

(a) Multi System Organ Failure Interval between onset and death

(b) Septic Shock Syndrome Interval between onset and death

(c) Urinary Tract Infection Interval between onset and death

26. PART II: OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in PART I

27. AUTOPSY (Yes or No) 28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No)

NO NO

Had Decedent been Pregnant Within 90 Days Prior to Death?
☐ Yes ☐ No

29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify) 29b. DATE OF INJURY (Month, Day, Year) 29c. HOUR OF INJURY (m.) 29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED

29e. INJURY AT WORK (Yes or No) 29f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.) 29g. LOCATION Street or route number City or town State

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

JUN -3 2008

Judy Moulder
STATE REGISTRAR

WARNING:

A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE MISSISSIPPI STATE BOARD OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.

VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER. THIS IS WATERMARKED PAPER. DO NOT ACCEPT WITHOUT FIRST HOLDING TO LIGHT TO VERIFY WATERMARK.